WSU//KING COUNTY MASTER GARDENER VOLUNTEER APPLICATION For the Class of 2004

Application deadline is October 3, 2003. We are unable to consider applications postmarked after this date.

PLEASE PRINT OR TYPE ALL INFORMATION

Legal Name				
I prefer to use the nickname_		Home Phone ()	
Address		Work Phone ()	
City/ Zip				
E-mail Address				
VOLUNTEER EXPERIENCE and why.	CE List most recent first. N	Tote which of your volunteer ex	xperiences you enjoyed the most	
Organization	Position title an	Position title and responsibilities		
OCCUPATION(S) Present,	if employed: former, if reti	red		
DDOEESCIONAL OD ODG	ANIZATIONAL APPILI	ATIONS		
PROFESSIONAL OR ORG	ANIZATIONAL AFFILI	A110N5		
OTHER INTERESTS				

GARDENING BACKGROUND List your interests, experience, and	nd skills related to plants and gardening.
EXPERIENCE WORKING WITH SPECIAL POPULATIONS _ChildrenYouthAdults	SeniorsIndividuals with disabilities
Describe your experience.	
LANGUAGES OTHER THAN ENGLISH Basic or fluent? Spoken	n, written or both?
€ - € - € - € - € - € - € - € - € - € -	Continued on Page
How did you learn about the Master Gardener Program?	

Do you personally know	Ye	sNo		
Her/His name				
Have you been to a Mast	Ye	sNo		
Have you used Master G	rvices?Ye	sNo		
Explain				
Have you been a WSU C	ooperative Extension volunt	eer?YesNo	What program? _	
When?	City/County			
Have you previously app	lied to become a WSU-King	County Master Gardener? V	Vhat year?	
	will try to assign you to your	reas in which you would be we preferred area, but we also i		ideration the
North SeattleSo	outh Seattle/West Seattle	East King County	South King County	Vashon Island
8:30a.m. until 4 p.m., from REFERENCES List two role. Choose people who	January 6 to March 16. Will yo o persons not related to you w know how you work with ot	raining sessions are held on on be able attend all scheduled so who have knowledge of your thers. Please include complete	essions?YesNo qualifications related e addresses and dayti	to this volunteer me phone numbers.
			Day Phone ()
AddressStreet		City	State	Zip
Name			Day Phone ()
Address				
Street I authorize contact of the	above-listed references.	City	State	Zip
Signed			Date	
Mail your completed app	lication postmarked no later	than October 3, 2003 to:		

Elaine Anderson WSU Master Gardener Program Coordinator 919 SW Grady Way, Suite 120 Renton WA 98055